

**CIVIL AIR PATROL  
SENIOR PROGRAM DIRECTOR'S REPORT**

Submit this form immediately after completion of the school or course in accordance with reporting instructions in CAPR 50-17, *CAP Senior Member Training Program*. This form provides information for training record updates and for training awards and promotions. Forward this form through the wing commander for signature (see *NOTE 1*) or mail or fax the completed form directly to:

HQ CAP/ETS  
105 South Hansell Street, Bldg 714  
Maxwell AFB AL 36112-6332  
Phone: 334 953-5798  
Fax: 334 953-7771

Check the course that applies. HQ CAP/ETS will only credit students with the course that is checked on this form.

<input type="checkbox"/> Orientation course AND Cadet Protection	<input type="checkbox"/> CLC
<input type="checkbox"/> Orientation course ONLY	<input type="checkbox"/> RSC
<input type="checkbox"/> Cadet Protection ONLY	<input type="checkbox"/> NSC
<input type="checkbox"/> SLS	<input type="checkbox"/> OTHER

Date(s) of training: \_\_\_\_\_

Wing: \_\_\_\_\_ Location: \_\_\_\_\_

PLEASE PRINT CLEARLY, SOCIAL SECURITY NUMBER AND MEMBER'S SIGNATURE ARE  
ESSENTIAL IN ORDER FOR HQ CAP/ETS TO ENSURE MEMBERS RECEIVE PROPER CREDIT FOR THE COURSE.

	NAME	SOCIAL NUMBER	WING UNIT NUMBER	SIGNATURE
1.	_____	_____	_____	_____
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7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____

\_\_\_\_\_  
**DIRECTOR'S SIGNATURE**

\_\_\_\_\_  
**WING COMMANDER'S SIGNATURE**

NOTE: Wing commander's (or designee's) signature is required for processing SLS and CLC completion and credit.

NOTE 2: For all courses, send a copy of the CAPF 11 to the wing/region senior program officer (if required by wing/region policy).

Local reproduction of this form is authorized.

	NAME	SOCIAL NUMBER	WING UNIT NUMBER	SIGNATURE
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